

STATE ADVISORY COMMITTEE ON SUBSTANCE ABUSE SERVICES

February 7, 2006 – 9 a.m. to 2:00 p.m.

WICK Alumni Center – 1540 R Street, Lincoln, NE

MINUTES

Committee Members Present:

Jerome Barry, Dr. Bhatia, Linda Krutz, John McVay, Brenda Miner, Jane Morgan, Laura Richards, Kathy Seacrest, Wehnona St. Cyr.

Committee Members Absent:

Ann Ebsen, Topher Hansen, Dr. Mercer.

HHS/Behavioral Health Staff Present:

Dennis Snook, Laurie Sutter, Linda Wittmuss, Betty Alm.

Guests Present:

Jack Buehler, Melva Denholm, J. Rock Johnson, Kate Speck.

I. WELCOME AND INTRODUCTIONS

Kathy Seacrest, Chairperson, called the meeting to order at 9:00 a.m. The guests who were present were asked to introduce themselves.

II. ATTENDANCE – DETERMINATION OF QUORUM

Betty Alm called the roll of members and determined that a quorum was met with **9 members** present at the beginning of the meeting.

III. APPROVAL OF NOVEMBER 9, 2005 MINUTES

Kathy asked for any additions or corrections to the November 9, 2005 meeting minutes. None were noted.

Motion: Jane Morgan
To approve the November 9, 2005 Substance Abuse Advisory Committee Minutes as handed out.

Second: Laura Richards

Discussion: None

Vote: Motion passed unanimously by voice vote.

IV. APPROVAL OF AGENDA

Kathy asked for any additions or corrections to the agenda. The UNO Methamphetamine Treatment Study will be included in Division discussion.

Motion: ____?____
To approve the agenda with the addition to the BH Division report.

Second: ____?____

Discussion: None

Vote: Motion passed unanimously by general consent.

Rita Kucera joined the meeting to make an announcement and apologies regarding the problems with parking. She will contact the parking garages regarding this issue.

V. HHS RESPONSE – NOVEMBER 9, 2005 SUBSTANCE ABUSE COMMITTEE RECOMMENDATIONS

Handout: HHS response dated 2-3-06

The members discussed the responses.

Recommendation #2 response discussion:

John McVay added to the Division response that HHSS will have a meeting with the Policy Cabinet and Medicaid representatives on February 14, 2006 regarding Medicaid issues from providers and comments from providers. Most of the problems are a result of two different payment systems with many delayed payments from Medicaid. The Division is planning a monthly statewide conference call with providers similar to the one Medicaid currently has with children's' services providers. Kathy Seacrest said that we need more information to see if it is financially feasible for non-regional network providers to provide and bill Medicaid for adult SA Waiver services.

The Division's response included a statement regarding the revision of State SA Regulations and Kathy asked what the timeline was. Linda Wittmuss responded that the goal was to have a working draft completed by the end of summer for multiple stakeholder review and input.

SAC RECOMMENDATION FROM TODAY'S MEETING:

1. **Convey to both Medicaid (Mary Steiner) and the BH Division (Ron Sorensen) the importance of collaboration regarding communication to providers. With many services now funded and regulated by both systems, it is imperative that Medicaid and the Division develop a communication process that ensures that information shared with providers is timely, integrated and accurate.**
2. **The SA Advisory Committee also requests a year to date report on utilization of substance abuse Medicaid matching funds at the next regularly scheduled meeting on May 9, 2006.**

Linda Wittmuss added that the Oversight Commission requests the same information and the Division is receiving monthly reports from MMIS as to claims paid per service/per provider/per region. We can get match expenditure information.

Recommendation #3 response discussion:

John stated the Division was continuing to work on getting a joint affiliation agreement signed by the Division, by the HHS Director, by the HHSS/Finance and Support Director and by Medicaid. To date Ron Sorensen (for the Division) and Mary Steiner (for Medicaid) have agreed to sign. John will check on where we are at with Dick Nelson (for HHSS/F&S) and Nancy Montanez (for HHS) agreement to sign. One thing the agreement will ensure is that it will limit the state general matching funds provided by the Division that Medicaid can draw on to match the federal funds. Linda Wittmuss said the joint affiliation agreement has some system issues to be clarified. The goal is to get it signed as soon as possible.

Recommendation #4 response discussion:

Laurie indicated that the NePIP is the statewide advisory council that would direct environmental change goals. Laurie explained that environmental strategies focus on changing state and local law, and social norms by focusing on something like an increase in enforcement or a media campaign. The Division Prevention Program has worked on all of these issues in some way with the local coalitions and providers that are implementing the environmental strategies. Laurie explained that education and dissemination of information can effectively support an environmental strategy. Kathy asked Laurie to let SAAC know about goals for change.

Recommendation #5 response discussion:

Wehnona St. Cyr mentioned the Indian Tribes may be interested in getting physicians trained on SA screening. John added that in rural Nebraska SA screening may only come from primary clinician's office. Jerome stated there is resistance from physicians to do SA screening although there also were some who were very receptive regarding screening. Kathy added it is important to encourage primary physicians to be able to do SA screening but the Medical Association could have better success in getting physicians to attend training in this area. Jerome said Dr. Grant at the VA teaches a class. Dr. Bhatia said that all medical students at the VA and UNMC go through the program that has substance abuse course. Working with the Nebraska Medical Association would be good.

Recommendation #6 response discussion:

Jerome said there is a concern that a decision was made that applied statewide for Medicaid and Division services to grandfather programs without verification of "dual capable".

Linda Wittmuss said all existing programs funded through the Division were required to “have psychiatric and/or psychological consultation available for their clients. This is something that will be audited on to ensure minimal criteria are met.

Recommendation #7 response discussion:

John said the Division will work on getting Dual Diagnosis training.

Recommendation #8 response discussion:

Jerome has a draft of the current Alcohol Drug Counselor Licensing Regulations. John said LB1035 changes some of the requirements for licensing. LB1035 states that LMHP's will only have to have 2,000 hours to become a Licensed Alcohol Drug Counselor and all of those hours can be any work experience. Then they only have to take three of the eight core courses to become a LADC. Accepting any work experience instead of only alcohol drug specific work experience could cancel Nebraska's membership in the ICRC that includes about 45 states. We would then lose the national oral and written exams that are the basis of the current licensing process. A concern was expressed that the licensing program is intended to protect the public. Even though we don't have enough LADCs, we can't water down the alcohol drug (AOD) specific coursework and the AOD specific work experience.

Kathy Seacrest mentioned we do not have R&L on the agenda today and we need to continue to include them in future SAAC meetings.

PUBLIC COMMENT

Kathy Seacrest requested anyone wishing to comment to sign in on the Public Comment sheet. The following persons offered comments to the committee.

J. Rock Johnson

- Do not like the consumer definition.
- She said she is on the Oversight Commission and doesn't feel SAAC and the Behavioral Health Council determine the definition of consumer.
- Concern is treating people with dignity.

Jack Buehler

- Concerned that the minutes do not go on the Website until after approval at the following meeting.
- Consumers in recovery do not go through professionals.

Dennis Snook responded that the SAAC minutes are available on the website after there is official action to approve them by the committee. This is standard process used and it was approved through the State Ombudsman's Office.

BREAK

Kathy Seacrest adjourned the committee for a brief break.

UNFINISHED BUSINESS

I. Annual Report to the Governor - Substance Abuse Committee Section of Report

Kathy indicated that the BH Council annual report will be fairly short with each committee providing 1-2 pages of information. The SAAC information will include SAC activities for the period from November 2004 – June 2006. At the next SAAC meeting, we will need all recommendations. Dennis Snook said the Division will compile a document to include:

- Recommendations/Advice from SAAC.
- History of SAAC.
- SAAC activities in the minutes.

UPDATES & REPORTS

I. Report from Behavioral Health Council – Kathy Seacrest

All SAAC members received copies of the BH Council minutes. There wasn't a quorum so they will not recommend definition for consumer appointments to the Gambling and Substance Abuse Advisory Committees. The BH Council had passed a definition for “consumer” at the November 9, 2005

meeting: *"An individual or family member who has utilized substance abuse, mental health, gambling, or other addiction services from licensed professionals and who has an interest in enhancing the accessibility and quality of care of services in Nebraska is eligible for appointment to a state advisory committee in their area of treatment."* In other business discussed at the BH Council, the Legislature is considering a bill to eliminate the Council and retain the Advisory Committees in LB1179.

Kathy suggested the SAAC meetings begin at 10 a.m. rather than 9 a.m.

II. Prevention – Laurie Sutter

Laurie reported on the Risk and Protective Factor Student Survey in Nebraska schools done for the second time in 2005. Local or community level data is available to communities - the state doesn't get that data. The state gets a statewide roll-up that aggregates all of the local data for substances of use in grades 6, 8, 10 and 12. Communities should have their 2005 results soon. The statewide aggregate results show slight decreases in high risk behavior such as binge drinking, drinking and driving, and riding with a drinking driver.

Communities have been good at assessment by diagnosis and using evidence based strategies to produce outcomes to change some of the behaviors in their communities. The Nebraska Broadcasters survey found that adult attitudes showed the majority were very concerned but think others aren't as concerned. A key observation from the data is that there is a difference in kids' perceptions and parents' perceptions in the degree of emphasis.

The SICA grant funds are distributed to 18 community coalitions in 43 counties that cover 1.2 million Nebraskans. The coalitions are an example of communities invested in their own public policy change and they are all making underage drinking a priority. They have all attended several trainings provided by the State Prevention Program to help them implement their evidence based strategies to achieve the outcomes the survey is showing. For example, the Otoe Co. Sheriff wrote letters to the parents of graduating seniors. That is only one of the powerful things being put together by the local coalitions to change behaviors.

CSAP is sponsoring Town Hall meetings in every state on underage drinking. Many of the SICA coalitions have volunteered to host a Town Hall meeting. The coalitions schedule the Town Hall meetings directly with SAMHSA/CSAP for the week of March 28. 17 of the 18 coalitions (in 30+ communities) in Nebraska have indicated they will host Town Hall meetings.

The State has contracted with The Finance Project to provide technical assistance on sustainability planning for all the SICA coalitions. This is a very exciting project to help the local communities begin now to develop viable sustainability plans. The State Workforce Development Team is analyzing the prevention workforce survey to determine where are the gaps are.

The Division Prevention Program will be receiving federal funds to support an epidemiology project. We will work with the other state agency partners on it to collect data and move to a public perspective in data collections. Laurie said they are looking at secondary as well as primary prevention. Communities will need to do comprehensive planning. Kathy requested that SAAC receive copies. Laurie said the revised evidence-based matrix will be on the SICA Website SAAC will receive a summary matrix

III. PATTC & ASI/CASI – Kate Speck

(handout – Uta Halee and Cooper Village 5th Annual Symposium Day-Long Symposium-April 12, 2006)
(handout - The PATTC 2006 Activities Roster is attached to these minutes)

Kate reported the PATTC has been providing training for probation officers as they implement the Supreme Court Rule on the Standardized Model and the new Specialized SA Services (SSAS) project. The trainings have included Addiction 101, Motivational Interviewing, Multicultural Co-Occurring, Treatment Methodology for Methamphetamine, Relapse Prevention and Case Management for Criminal Offenders.

Kate asked for SAAC input on two issues:

- 1) A Leadership Institute will be held on Sept. 11-15, 2006 to mentor leadership skills in the area of Asian services. PATTC is looking for practitioners new in this area to attend this conference. PATTC will pay for them to attend.

Guest Jack Buehler mentioned that he was a mentor to someone in North Platte at a previous leadership institute and it was a good experience.

- 2) An Educator's Conference will be held on October 5-6, 2006 at a location to be announced. If any SAAC members know of someone who would be good to serve in this capacity, let Kate know. The Tribes are eligible to apply.

Kate mentioned receiving a lot of calls regarding ASI/CASI.

IV. Criminal Justice Issues

Criminal Justice Substance Abuse Treatment Team (JSAT) – Kathy Seacrest

The JSAT team is a subcommittee of the Community Corrections Council (CCC) and Jerome Barry and Steve Rowoldt are co-chairs. They are currently finalizing the committee and membership. The Standardized Model was adopted by the Supreme Court. It includes screening and risk assessments done by the justice staff and substance abuse evaluations done by SA counselors.

Brenda Miner mentioned she attended a meeting held by State Probation where Deb Minardi explained the criteria, scope of practice, ASI training and CEU's required to be a registered provider for criminal justice clients. All LMHPs and LADCs will receive information from State Probation asking them to apply to be a provider of treatment services for justice clients. Linda Wittmuss said the providers needed to ensure they have all the documentation that proves they have passed the different criteria required to be a registered provider. Those who have passed the ASI and/or CASI courses can be found on the HHS/BH Division website: <http://www.hhs.state.ne.us/suaindex.htm>

Jerome said that persons who may not have gotten the ASI or CASI training previously will be scrambling to get it now. Kathy said JSAT will meet in April. She also said that judges, probation and parole officers have all been involved in the trainings being held by State Probation.

Community Corrections Plan – Linda Krutz

Linda Krutz announced that Ellen Brokofsky is now the State Probation Administrator and Deb Minardi is the Community Corrections Programs Coordinator for Probation. She gave the SAAC information on LB 1258. The hearing is scheduled for Wednesday. It contains the following:

- Specialized Courts - \$2.65 million.
- HHSS-Behavioral Health (Norfolk Regional Center/Methamphetamine Treatment - \$6.5 million.)
Ellen Brokofsky and Senator Flood discussed 20 beds for probation.
- Recidivism Reduction Center - \$3 million.
- Day and Evening Reporting Centers - \$1.25 million.
- Buffalo County Reporting Center - \$250,000.
- Substance Abuse/Fee Voucher - \$2.5 million.
- Specialized Substance Abuse Supervision personnel – Probation - \$368,182.
- Grant for County or Coalition of Counties to expand sentencing options - \$200,000.
- Prevention – Substance Abuse - \$100,000.
- Training for Probation, Parole, Drug Court personnel - \$100,000.
- Behavioral Health provider training - \$100,000 – goal is training in mid-February for officers.

The CCC had representatives on the SA Voucher Planning Committee. Probation is managing the SA voucher program. The Crime Commission is working on data and probation, drug courts, vouchers. Many good things are happening with Probation, Parole and Council collaboration. It is very counterproductive to have separate officers/partnerships – Probation and Parole. Kathy added that substance abuse treatment in the state will change because of this new initiative.

Kathy announced the Methamphetamine Study being done by UNO for the Legislature was sent to SAAC members and she asked that members review the study.

Kathy mentioned SAAC members individually need to address issues with their own Senators.

SAC RECOMMENDATION FROM TODAY’S MEETING:

SAAC agrees on the continuum of care but we oppose a meth specific facility at NRC.

V. Statewide Focus Issues

BH Plan of Expenditures – John McVay

John reported on the Fiscal Management Team meeting that was held in Kearney for the region fiscal managers and the region administrators. The Region Budget Plans are the annual plans the regions are required to submit to the Division in order to receive funds for the next fiscal year. There are not many changes expected in the FY07 Plan Guidelines. At this point in time the allocations should be similar to FY06 but the Division will know more after the Legislative session is over and the appropriations bill is passed.

History of Funding – John McVay

John reported he does not have the history of funding but it is being worked on and will be available for the next meeting. It may be able to indicate allocations by service and/or by provider to see increase in funding. Kathy suggested looking at it by region and by type of service. Kathy said that SAAC needs to look at what the Division funds and how much is being spent on substance abuse.

Service Definitions – Linda Wittmuss

Linda explained that the Service Definitions are in a draft document but the Division and Medicaid have collaborated to agree on the definitions. *The draft service definitions were distributed at the last SAAC meeting and comments were requested. Few comments have been received.* This draft was approved by the Policy Cabinet on December 7, 2005. The final document is being reformatted for distribution. Linda said the state service definitions will be sent out to the Regions when ready for distribution. It will also be on the HHS/Division Website. SAAC are to give any suggestions to her.

VI. Consumer Definition

Wehnona asked how consumers get on the SAAC. The statute requires that each committee have three consumers. Substance abuse and problem gambling have family members that are in treatment with the primary consumers, therefore it was felt that family members should also be considered eligible for appointment to the State Advisory Committees to fill some of the consumer slots on the committees. The Mental Health Committee language allows family members but the Substance Abuse and Problem Gambling committee membership language only says consumer. Kathy added the definition should be forwarded to the Governor who appoints SAAC members. The consumer definition is on the BH Council agenda for today.

SAC RECOMMENDATION FROM TODAY’S MEETING:

Take forward the consumer definition.

VII. Substance Abuse Counselor Training – Leslie Buhl

No report at today’s meeting.

VIII. Tribal Reports – Wehnona St. Cyr

Wehnona mentioned the following:

- limitations to working with the state
- tribes aren’t minorities, but sovereign nations
- tribes don’t get information from Commission on Indian Affairs
- Wehnona appreciates and works well with Laurie Sutter
- there is a new CEO at Winnebago - Sherrie Moore
- new inpatient adult treatment at Winnebago
- Kathy Samuelson works with the BH Tribal Management Team
- suggestion to include Nyla Helge on that team
- the White Bison group is new movement from Colorado; there is February training and they have a Website

- IHS and Federal grants are working on 2008 budget; she will print it out
- the implementation of ASAM criteria was discussed at the last BH Tribal Mgmt Team meeting; there were good questions at the meeting; she hopes to be invited back
- Indian Health Services and the VA has an agency agreement for veterans exchange; working with the Omaha VA on telemedicine project

Kathy Samuelson works with all the tribe mental health and substance abuse directors. Kathy takes care of the Division's contracts for MH and SA services with the tribes.

Kathy Seacrest asked what SAAC can do regarding working with the Tribes and the State. Wehnona said it is a government to government thing that people need education on.

SAC RECOMMENDATION FROM TODAY'S MEETING:

Compliment what the Division is doing with Tribal issues. Kathy Seacrest suggested that when Tribes are negotiating as a sovereign entity that this go to the Governor.

IX. Regional Reports

Region 1 – Laura Richards

- the Dual Diagnosis program is working with 12 people served
- still working with Magellan
- Alliance needs more treatment services for adults with kids
- nothing new is happening in White Clay; they are funding cross education

Region 2 – Kathy Seacrest

- Looking at substance abuse outpatient
- working with drug court
- not doing new substance abuse
- looking at RFP contract for STR; now have liaison with residential treatment in Lincoln

Region 3 – Brenda Miner

- the medical detox program is still being developed
- most services are up
- lots of community support
- some complaints it is not happening faster
- EPC's that go to commitment are high in Region 3

Region 4 – Dennis Snook

- Catholic Charities is developing a new dual disorder residential service for Region 3 and Region 4 to be located in Columbus

Region 6 – Dennis Snook

- reported working on 2nd set of acute beds location in Omaha
- new community services program has 24/7 coverage
- the Community Resource Center has private funders still in negotiation with subacute beds
- education for training social workers, psychiatrists, private providers
- eight additional beds at Catholic Charities
- ARCH will take over the eight beds
- some delay regarding license, community issues
- NOVA has eight additional STR beds – substance abuse

Monitoring of Short Term Residential and the length of stay is done through the regional audit process. Any audit report information from any region is available from the region or the Division.

SAC RECOMMENDATION FROM TODAY'S MEETING:

Individualized care and cost – further training for substance abuse.

NEW BUSINESS

I. Legislation – John McVay

(handout: Nebraska Legislature Behavioral Health Related Bills - January to April 2006)

- LB1035 – Change licensure requirements for alcohol and drug counselors.
- LB1145 – To continue funding for community based services even though Norfolk Regional Center is not yet closed.
- LB1157 – Annual rate increase; SAAC may want to take a look at that; based on cost of living index and appropriations to HHS.
- LB1220 – Increase training for providers; rural and local.
- LB1244 – Relating to prevention of alcohol-related birth defects; big problem; tremendous impact on the state.
- LB1258 – Funds for community correctional and probation services.
- LB1258 – Calls for elimination of Behavioral Health Council; hearing to be held on Thursday.
- LB811 – Increase alcohol liquor taxes.
- LB911 – Change provisions relating to the gallonage tax on alcoholic beverages; the Substance Abuse Committee should look at this.

II. Recommendations Review for Behavioral Health Council/Behavioral Health Administrator - Kathy Seacrest

(Hand-out 2-7-06 SAC recommendations sent to Ron Sorensen 2-17-06 are attached to these minutes)

SAC RECOMMENDATION FROM TODAY’S MEETING:

- **Between Medicaid and the Division – the importance of collaboration regarding communication to providers.**
VOICE VOTE: Approved.
- **Medicaid and the Division continue to work together and look at dollar amounts for substance abuse services currently with Medicaid.**
VOICE VOTE: Approved.
- **Continue the joint affiliation agreement between Behavioral Health and Finance & Support regarding relationship and decision making process.**
VOICE VOTE: Approved.
- **Dual Diagnosis training – evidence based treatment be provided for professionals in mental health and substance abuse.**
VOICE VOTE: Approved.
- **Recommended that NBHS support continuum of care at local level; do not recommend large treatment center as suggested in LB1258.**
VOICE VOTE: Approved.
(2 SAC members abstained: John McVay; Linda Krutz)
- **Recommend the State of Nebraska relate to the Tribes as a government to government relationship.**
VOICE VOTE: Approved.
- **Recommend further definition of criteria used for approval of criminal justice CEUs and curriculum.**
VOICE VOTE: Approved.
- **Train providers/programs in all service definitions – should be Evidence-Based Practice. Recommend cost-effective care – best practices, research.**
VOICE VOTE: Approved.

The evidence based practice recommendations should go to the BH Council and Committee members should be reappointed.

III. Nomination of Officers (election in May)

Kathy Seacrest asked for volunteers for the Nominating Committee. Dr. Bhatia and Jerome Barry agreed to serve on the Nominating Committee.

IV. Agenda Items for Next Meeting

Regulations & Licensure to be included in future meetings.

The next SAAC meeting is May 9, 2006 – to begin at 10 a.m. rather than 9 a.m.

ADJOURN

Kathy Seacrest adjourned the meeting at 2:00 p.m.

Prepared by:
Betty Alm
Staff Assistant II
Division of Behavioral Health Services
February 7, 2006.

Approved by _____ Date _____

Barbara W. Thomas
Assistant Director/AOD
Division of Behavioral Health Services